ARIZONA STATE BOARD OF HEALTH State File No. 1 10 1	
1. PLACE OF BIRTH BUREAU OF VI	ITAL STATISTICS Registered No. 600
STANDARD CERT	TFICATE OF BIRTH
County Mila State arysonia	
District or Township or Village P. O. Box 772 Claybool, aris	
City Mami No. 36 Grover Canon of M.	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child. I berto dermandy Supplemental report, as directed.	
3. Sex of Child To be answered ONLY) 4. Twin, triplet or oth	er
Male in event of plural 5. No., in order of bi	irth Yla of birth 16 10 1930.
8. FATHER	14. MOTHER
Full name lose Maria Alemandes	Full maiden name Suadaloupe Vasques
9. Residence (Ushal place of abode) Miami.	15. Residence (Usual place of abode) Wilami
If non-resident, give place and state. Utwona	If non-resident, give place and state.
10. Color or race	16. Color or race
11. Age at last birthday 34 (Years)	Mex. 17. Age at last birthday 30 (Years)
13 Pinthalor (its males) El Paso	Jo lat.
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
13. Occupation	19. Occupation
Nature of Industry Min la	Nature of Industry
20. Number of children of this mother) (a) Born aliv	e and now living 21. Were precautions taken against oph-
Transmitted of these of pitter of third mercial ty	thalmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was I M almed at m. on the date above stated. (Born slive or stillbern)	
"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	
child is one that neither breathes nor shows other evidence of life after birth.	/DL:
liven name added from	
a supplement report Address // MM Wighth	
Filed	4(20,00 / 6 00mg
Registrar.	Registrar.
989-1210.757	